

TRUST BOARD












TITLE	Operational Performance Report
EXECUTIVE SUMMARY	<p>The Trust did not meet the 4 hour A&E standard in February with performance recorded at 92.79%. Although the target of 95% wasn't achieved, it was a further improvement on January & December's recorded performance at 92.05% & 84.07% respectively.</p> <p>February's attendances at 6,849 were lower overall than previous months (due to the month being only 28 days), although the daily average attendance of 244 was higher than January's at 231, although lower than December's average of 268.</p> <p>Admissions remained high, especially for the over 75 age group.</p> <p>The 18 weeks Admitted Standard was missed by a narrow margin in February with the most significant pressures being seen in General Surgery and Urology.</p> <p>The 62 day cancer standard was non-complaint in February although a reduction in absolute breach numbers was recorded.</p>
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compliance is reflected in the Board Assurance Framework. BAF Risk 1.1 National targets and priorities.
LINK TO STRATEGIC OBJECTIVE	SO1: To achieve the highest possible quality of care and treatment for our patients, in terms of outcome, safety and experience. SO3: To deliver the Trust's clinical strategy of joined up healthcare.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Patient expectations in terms of access are reflected in NHS performance targets.
EQUALITY AND DIVERSITY ISSUES	None identified
LEGAL ISSUES	None identified
Trust Board committee is asked to:	Review and discuss the report and seen additional assurance.
Submitted by:	Valerie Bartlett, Deputy Chief Executive
Date:	18/03/2015
Decision:	For Assurance

PERFORMANCE REPORT

1. INTRODUCTION

The purpose of this paper is to summarise key performance issues and the actions in place to address them. Specifically the paper addresses the targets and standards included in the Monitor Risk Assessment Framework:

1.1 AT A GLANCE

Domain	Standard	Compliance threshold	February 2015		
A&E	Maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	92.79%		
RTT	Maximum time of 18 weeks from point of referral to treatment (ADMITTED PATIENTS)	90%	89.5%		
RTT	Maximum time of 18 weeks from point of referral to treatment in aggregate (NON-ADMITTED PATIENTS)	95%	95.1%		
RTT	Maximum time of 18 weeks from point of referral to treatment in aggregate (INCOMPLETE PATHWAYS)	92%	95.2%		
CANCER	All cancers: 62-day wait for first treatment	Urgent GP referral for suspected cancer	85%	76.3%	
		NHS Cancer Screening Service referral	90%	100%	
CANCER	All cancers: 31-day wait for second or subsequent treatment	Surgery	94%	90.9%	
		Anti-cancer drug treatments	98%	100%	
CANCER	All cancers: 31-day wait from diagnosis to first treatment	96%	100%		
CANCER	Cancer: two week wait from referral to date first seen	All urgent referrals	93%	94.1%	
		Symptomatic breast patients	93%	95.4%	

2. FOUR HOUR STANDARD FOR WAITING TIMES IN A&E

The Trust did not meet the 4 hour A&E wait standard with February's performance recorded at **92.79%**. Although the target of 95% wasn't achieved, it was an improvement on January & December's recorded performance at 92.05% & 84.70% respectively.

2.1 MONTHLY PERFORMANCE

Month	Performance (Monitor) ¹	Performance SPH only ²
Feb 2015	92.79%	87.95%
Jan 2015	92.05%	86.75%
Dec 2014	84.70%	76.17%
Nov 2014	89.55%	83.52%
Oct 2014	91.37%	85.94%
Sep 2014	95.39%	92.47%
Aug 2014	96.31%	94.05%
Jul 2014	93.94%	90.42%
Jun 2014	95.82%	93.35%
May 2014	92.99%	88.80%
April 2014	97.01%	95.76%

2.2 QUARTERLY PERFORMANCE

Month	Performance (Monitor) ¹	Performance SPH only ²
2014/15		
Q3 2014/15	88.56%	81.87%
Q2 2014/15	95.18%	92.26%
Q1 2014/15	95.23%	92.32%

2.3 JANUARY PERFORMANCE SUMMARY

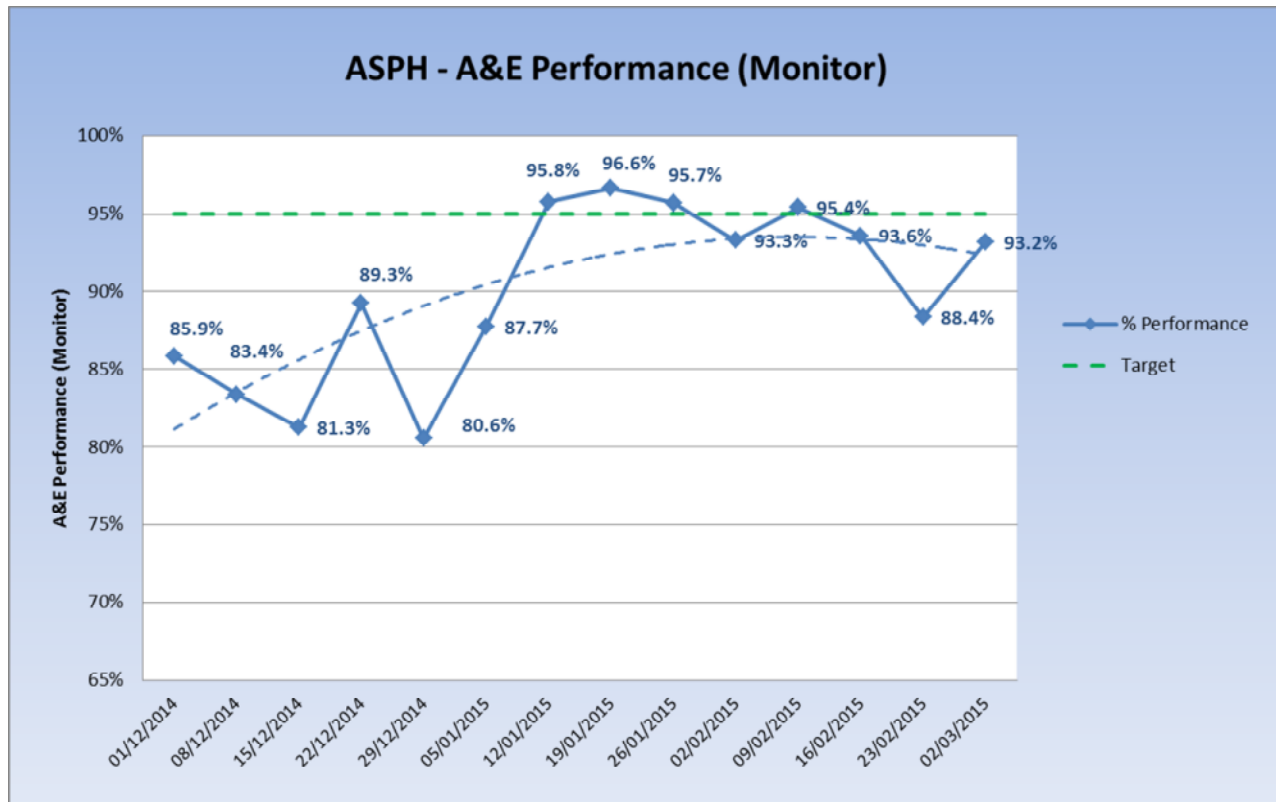
February's attendances at 6,849 were lower overall than previous months (due to the month being only 28 days), although the daily average attendance of 244 was higher than January's at 231, although lower than December's daily average of 268.

¹ Performance against this standard is represented by % patients admitted/transferred/discharged within 4 hours of arrival time against a target of 95%. Data includes SPH A&E, GUM, EPU & Ashford.

² St. Peter's A&E performance shown for information.

Admissions via A&E at 1,814 (daily average = 64) for February were similar to January 2015 (daily average = 63) although lower than December's at 68 per day.

After a very difficult winter season, good progress has been made sustaining A&E performance during February, despite the Trust still having to deal with the continuing increase in the number of admissions aged over 75 via A&E.



The level of admissions places February's admitted conversion rate at 26.5%, which is 2.3% higher than our YTD average of 24.2%.

Increases in admissions were again higher in the 75 & over age group at 12.9% for February compared to last year. The 60-74yr & 75+yr age groups still have the highest YTD increases at 7.4% & 13.3% respectively, with an overall 1491 patients (7.7%) having been additionally admitted compared to last year.

	Additional Attendances 2014 vs 2013 (Age Group)				
	0-15	16-59	60-74	75+	Grand Total
Apr	-8.1%	-2.1%	4.2%	0.0%	-2.4%
May	1.9%	9.4%	13.5%	1.6%	6.7%
Jun	-0.2%	6.7%	10.5%	1.9%	4.7%
Jul	2.7%	4.2%	-0.3%	4.3%	3.4%
Aug	-13.2%	0.9%	6.4%	8.2%	0.0%
Sep	8.7%	1.8%	-1.8%	0.9%	2.8%
Oct	2.8%	4.4%	9.8%	10.0%	5.6%
Nov	10.6%	8.1%	10.7%	5.4%	8.5%
Dec	11.4%	0.3%	-4.1%	26.5%	7.1%
Jan	-2.2%	-10.7%	1.5%	10.6%	-3.5%
Feb	-0.4%	-7.9%	-6.3%	6.6%	-3.4%
Grand Total	1.6%	1.5%	3.9%	7.0%	2.7%

	Additional Attendances 2014 vs 2013 (Age Group)				
	0-15	16-59	60-74	75+	Grand Total
Apr	-151	-75	39	0	-187
May	35	341	125	23	524
Jun	-3	249	89	24	359
Jul	50	165	-3	60	272
Aug	-201	34	58	111	2
Sep	143	68	-16	12	207
Oct	52	161	83	135	431
Nov	206	279	84	73	642
Dec	213	10	-42	373	554
Jan	-35	-383	13	146	-259
Feb	-6	-263	-49	82	-236
Grand Total	303	586	381	1039	2309

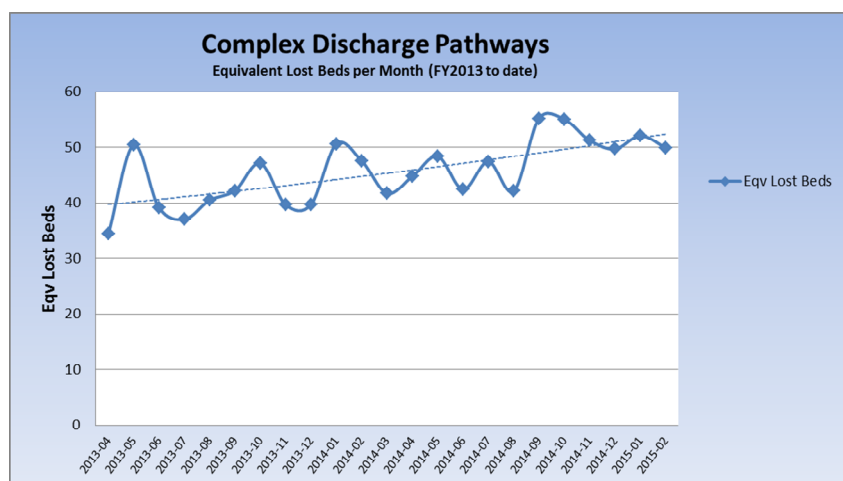
	Additional Admissions 2014 vs 2013				
	0-15	16-59	60-74	75+	Grand Total
Apr	-8.3%	11.2%	-0.6%	11.5%	6.7%
May	-9.1%	5.9%	16.6%	10.6%	7.2%
Jun	-19.7%	-0.7%	8.5%	5.8%	0.8%
Jul	-18.1%	12.0%	-8.1%	7.5%	2.6%
Aug	-24.5%	-1.7%	7.6%	13.4%	3.1%
Sep	5.0%	4.4%	7.1%	14.1%	8.7%
Oct	29.9%	2.1%	11.6%	8.8%	10.0%
Nov	7.9%	18.2%	20.4%	15.4%	15.5%
Dec	5.7%	7.2%	8.2%	26.8%	15.7%
Jan	7.5%	-7.7%	16.7%	18.1%	9.4%
Feb	1.4%	-1.9%	-2.2%	12.9%	4.7%
Grand Total	-1.7%	4.3%	7.4%	13.3%	7.7%

	Additional Admissions 2014 vs 2013				
	0-15	16-59	60-74	75+	Grand Total
Apr	-18	55	-2	81	116
May	-24	29	45	76	126
Jun	-46	-4	24	40	14
Jul	-43	60	-26	56	47
Aug	-53	-9	22	94	54
Sep	12	23	20	96	151
Oct	67	11	34	67	179
Nov	24	83	51	112	270
Dec	15	32	27	212	286
Jan	18	-38	48	140	168
Feb	3	-9	-6	92	80
Grand Total	-45	233	237	1066	1491

A number of occasions during February were very challenging, with the Trust needing to declare 'black escalation' & business continuity status on regular occasions throughout the month and take a number of urgent mitigating actions with health system partners to induce patient flow through the hospital.

The Trust continues to work with local health partners to support the safe & effective transfer of patients once they are medically fit to be discharged - although this continues to be a substantial & ongoing challenge.

Complex Pathway Delays		
Month	Bed Days Lost	Eqv Lost Beds
2014-04	1343	45
2014-05	1499	48
2014-06	1274	42
2014-07	1470	47
2014-08	1306	42
2014-09	1656	55
2014-10	1706	55
2014-11	1589	51
2014-12	1541	50
2015-01	1615	52
2015-02	1548	50



2.4 RECOVERY & ACTION PLAN

The Trust continues to support & attend the fortnightly meetings of the System Resilience Group.

Good progress is being made implementing the dedicated Urgent Care System Recovery programme of improvements that's currently underway in conjunction with NWS Surrey CCG to improve hospital flow.

3. 18 WEEKS REFERRAL TO TREATMENT TIMES (RTT)

3.1 TRUST POSITION

For the purposes of the Monitor Risk Assessment Framework, performance is measured quarterly on an aggregate (rather than specialty) basis and NHS foundation trusts are required to meet the threshold each month during the quarter. In terms of 2014/15 Quarter 4, as the Trust was non-compliant in January and February, this will result in non-compliance against the quarter.

Failure to meet the 18 week standard at specialty level does not have any further implication with regard to the Monitor Risk Assessment Framework. However, failure to achieve at speciality level does incur a financial penalty under the terms of the contract with North-West Surrey CCG.

3.2 FEBRUARY 2015 SPECIALTY PERFORMANCE

Feb-15	PERFORMANCE		
	Admitted pathways (Target 90%)	Non-admitted pathways (Target 95%)	Incomplete pathways (Target 92%)
General Surgery	84.13%	89.62%	90.83%
Urology	80.49%	91.25%	91.27%
Trauma & Orthopaedics	89.57%	94.25%	94.70%
Ear, Nose & Throat (ENT)	90.16%	95.28%	96.72%
Ophthalmology	89.80%	95.93%	96.87%
Oral Surgery	94.64%	98.29%	97.50%
General Medicine	100%	94.44%	93.99%
Gastroenterology	87.50%	90.22%	94.11%
Cardiology	95.24%	98.80%	96.69%
Dermatology	n/a	95.69%	97.14%
Neurology	n/a	91.48%	95.10%
Rheumatology	n/a	98.82%	98.27%
Geriatric Medicine	n/a	96.59%	98.13%
Gynaecology	91.60%	97.02%	94.54%
Other	93.62%	99.20%	97.97%
Total	89.50%	95.09%	95.19%

3.2.1 ADMITTED STANDARD

For the second successive month, the Admitted Standard has been narrowly missed and the Trust breached fewer than ten patients in total over and above its monthly tolerance of 10%.

Whilst the effect was significantly reduced compared to January, elective cancellations as a result of emergency pressures had a noticeable effect on some key specialties, with 14 cancellations due to bed shortages in February. Specialties affected were T&O, Urology and Gynaecology.

Urology continues to see the after-effects of significant cancellations in January as well as an underlying imbalance between demand and capacity. Prioritisation of cancer pathway work continued to impact capacity for elective work. Additional surgical resources remain on plan for March which will be delivered through locum cover. A substantive consultant position has been recruited and commences in post from April, with a business case for an additional 7th Consultant Urologist currently being developed. This service does remain an AP compliance risk into March and beyond.

Trauma & Orthopaedics narrowly missed the compliance standard in February, however remains on track to deliver the standard in March.

Achieving a consistent level of sufficient theatre capacity in General Surgery remains highly challenging and additional lists continue to be sought to match demand. General surgery performance and recovery actions continue to be supported by weekly Executive chaired review meetings.

March will be the final month of the current NHS England sponsored independent sector capacity programme. The Trust has made use of this capacity where possible (T&O in particular), however available local Independent Sector capacity has not been available for the specialty areas in which the Trust requires most support.

3.2.2 NON-ADMITTED STANDARD

Neurology

This specialty remains on track to deliver compliance in March.

General Surgery

Excessive waits for endoscopy procedures have added further pressure to performance against this standard in February. The intensive tracking of patients through their early pathway remains in place in order to minimise undue delay.

T&O

February saw the sixth successive month of reduction in breach numbers in absolute terms (35) representing a continued improvement in their Non-Admitted performance.

Gastroenterology

Non-compliance was driven by excessive waits for endoscopy procedures.

Urology

Outpatient waiting times are currently impacted by a general lack of capacity in this service (along with a need to balance outpatient work with the provision of theatre sessions). Plans for additional staffing will ease this pressure in due course.

General Medicine

General Medicine was narrowly non-compliant in January and February. This specialty is taking expedited action to reduce first outpatient waiting times in the Respiratory service which is the primary delay to their Non-Admitted pathway. Additional consultant capacity has been identified and the service is currently putting in place the required ancillary support to provide additional clinics during March.

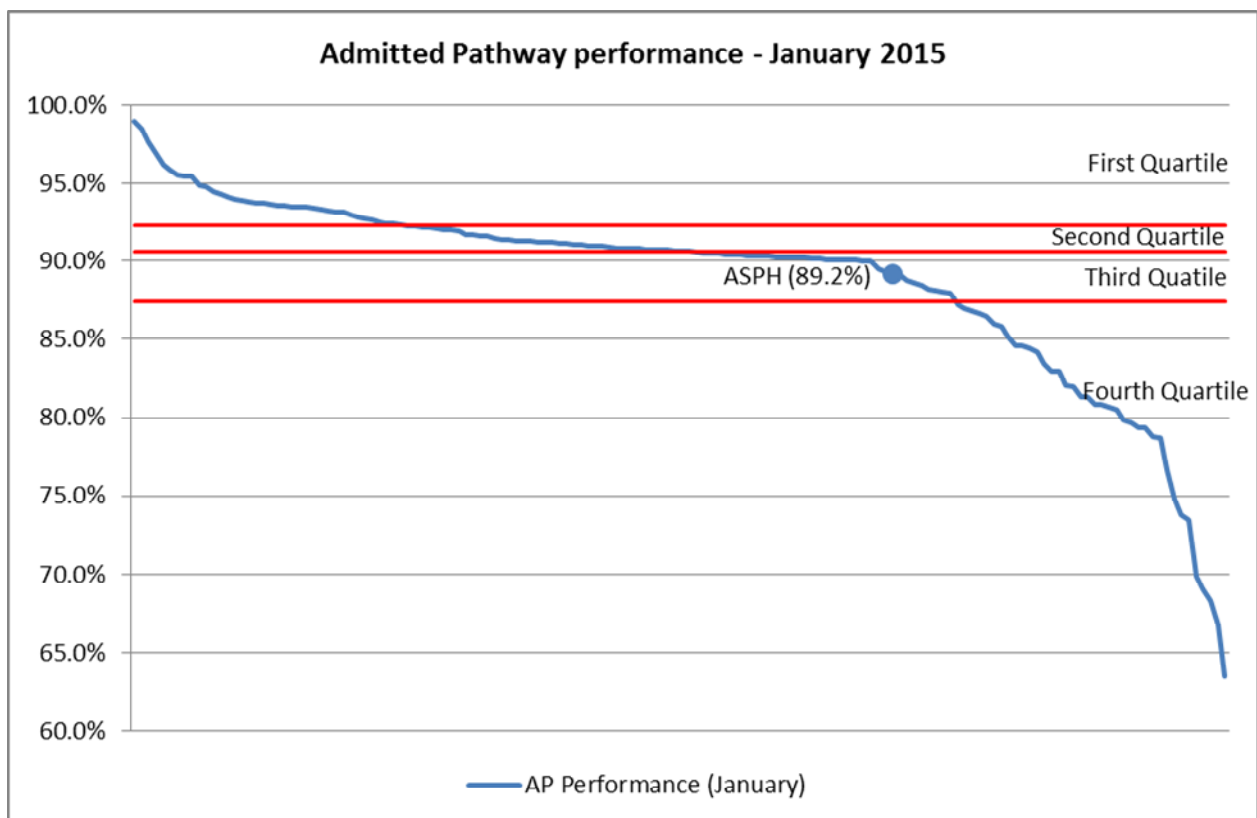
3.2.3 INCOMPLETE PATHWAYS STANDARD

The size of the backlog in General Surgery continues to place this specialty in a non-compliant position against the incomplete pathways standard. Similarly, the increase in backlog in Urology has now pushed this specialty below the 92% standard. As mentioned above, the expansion of our Urology capacity over the coming weeks will initiate an improvement in this specialty.

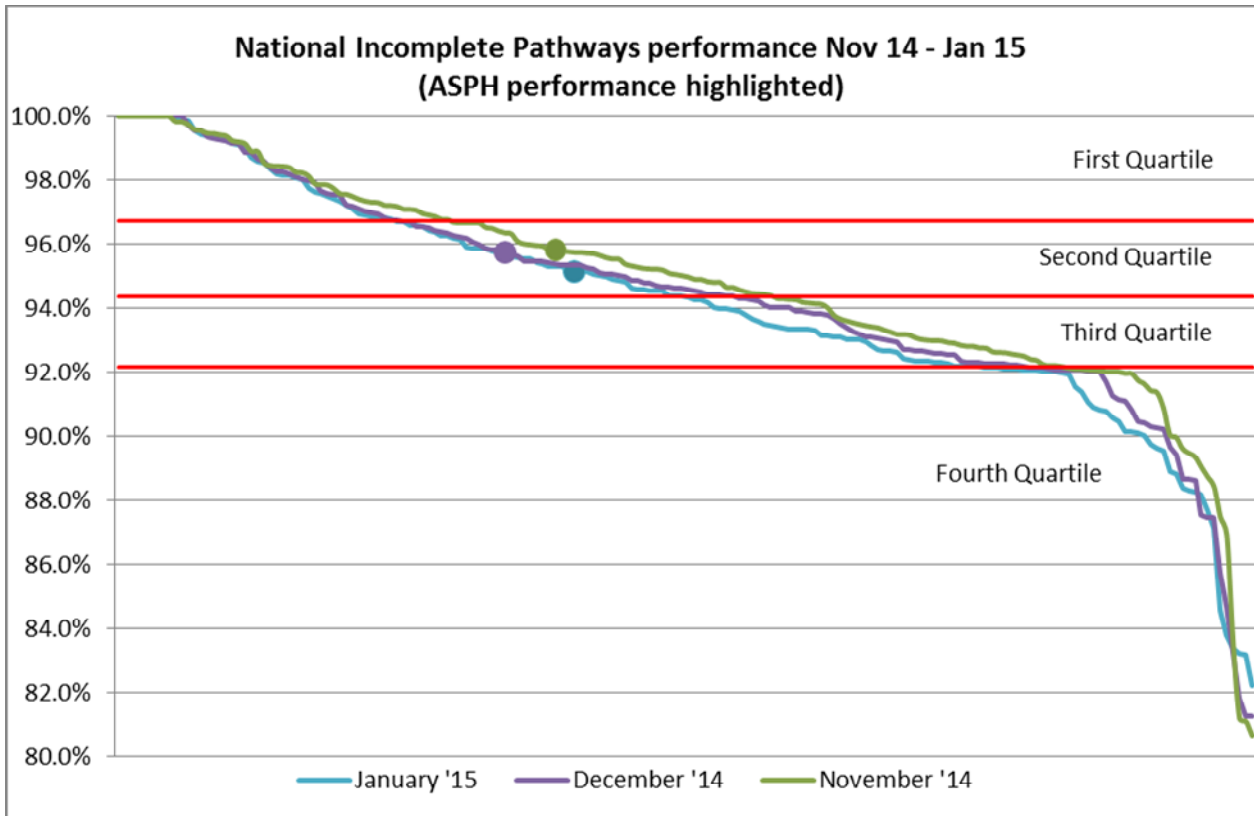
3.3 RTT NATIONAL CONTEXT

Nationally, the picture across all acute Trusts is increasingly challenged. The two graphics below demonstrate ASPH performance in two of the key RTT measures – Admitted Pathway performance and incomplete pathway performance. Each quartile on the below graphs represents between 40-45 Trusts.

In January, the most up-to-date month for which national data is available, the Trust reported 89.2% of Admitted Pathways seen in under 18 weeks (against a target of 90%). Whilst this is non-compliant and the Trust recognises that important work is required to improve this performance, nationally this performance is in the top half of the third quartile against a national trend of declining performance.



Against the Incomplete Pathways standard, which disregards short term issues effecting performance in any one month and looks at the overall health of a Trust's elective care pathways (patients still waiting for treatment at the end of each month), the Trust reported performance comfortably within the second quartile in each of the three months November to January. Importantly this measure shows consistent & robust ASPH performance against a backdrop of a deteriorating national overall trend.

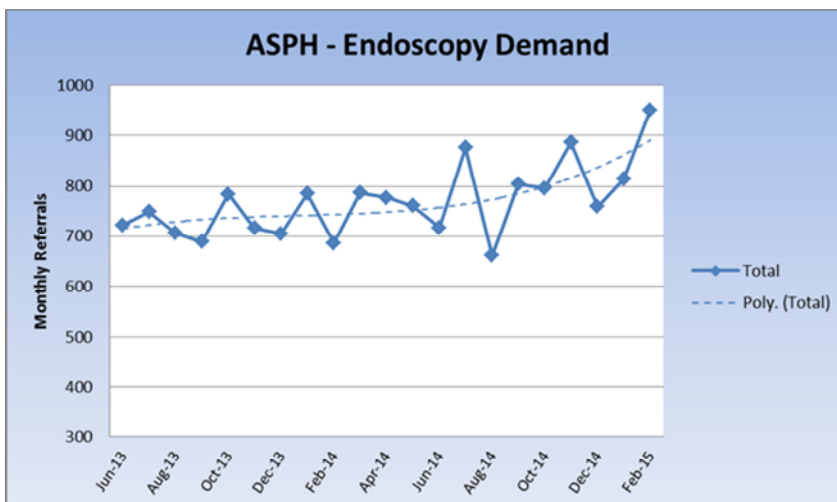


3.4 ENDOSCOPY DEMAND

The endoscopy suite at Ashford & St Peters NHS Foundation Trust is JAG accredited (<https://www.jagaccreditation.org/>) by the Royal College of Physicians with high utilisation & low DNA rates. The trust has a forward plan of providing additional facilities at Ashford Hospital during FY2016/17 based on a modelled estimate of 10% growth per year.

However, endoscopy demand has been increasing higher than planned, at 11.6% per year (Q1 2013 to Q1 2014), although over the past few months demand has exponentially increased past available capacity provision. The increases are believed to be due to the Public Health England's national 'Be Clear on Cancer' Oesophago-gastric symptoms campaigns.

3.4.1 Activity



Average monthly demand has been increasing approximately 11.6% per annum until 2014 Q1 onwards where demand then increased on average approximately 6.5% per quarter above the 2013 Q1 baseline.

Month	Average Monthly Demand	% Increase
2013 Q1	674	n/a
2013 Q2	715	6.1%
2013 Q3	735	9.1%
2013 Q4	753	11.7%
2014 Q1	752	11.6%
2014 Q2	800	18.7%
2014 Q3	814	20.8%
2014 Q4	883	31.0%

The endoscopy team have explored all opportunities to increase capacity, with cancellations & DNA's kept very low. The team operate 3 sessions Monday to Thursday, & 2 sessions Friday, Saturday & Sunday. We have tried to source NHS & private providers, including mobile endoscopy theatres although with very limited success due to national endoscopy demand being at an all-time high.

Limited capacity has been sourced at Cobham Day Surgery Hospital, however the very restrictive selection criteria specified by the provider permits only limited usefulness of this facility.

Weekly core capacity is calculated at an average 195 procedures a week (inclusive of TWR, Routine and Emergency demand; exclusive of planned procedures), where on average 215 patients are now joining the waiting list each week where demand has now regularly outstripped capacity.

To address this, the Trust has;

- Put in place additional senior management support for the service
- Completed an endoscopy demand and capacity exercise
- Created additional theatre capacity 7 days per week in main theatres (although this is not yet fully staffed)
- Created additional weekend capacity in the Urology unit
- Employed an additional Consultant Gastroenterologist who is due to start in June, &
- Has approached two commercial providers who supply endoscopy services to Trusts

Current estimate is that it will take 6-8 weeks to clear the backlog & once the backlog is treated the demand and capacity modelling shows there is a capacity gap of 7-9 sessions per week.

The Trust is working with NWS CCG to increase resource & capacity (as per the last activity bullet) to address the current backlog & provide resilience prior to the additional endoscopy suite being operational at Ashford Hospital from FY2016/17.

3.5 DIAGNOSTIC PERFORMANCE

The Trust has a contractual target to see 99% of all diagnostic referrals (GP direct access and internal referrals from outpatients) within six weeks from receipt of referral, to date of examination. Diagnostic waits are a key component in meeting 18 weeks RTT standards.

The Trust has missed the 99% standard for diagnostic waits below 6 weeks at the end of February, specifically as a result of pressures in Endoscopy. Over the past few months, the Trust has seen a significant & sustained increase in the number of community referrals for endoscopy, exceeding the Trust's core capacity. The Trust is working with NWS CCG to increase resource & capacity to address the current backlog & provide resilience prior to the additional endoscopy suite being operational at Ashford Hospital from FY2016/17.

TRUST DM01 PERFORMANCE	%
Feb-15	96.4%
Jan-15	96.3%
Dec-14	97.6%
Nov-14	99.4%
Oct-14	98.8%
Sep-14	99.5%
Aug-14	99.0%
Jul-14	99.2%
Jun-14	99.4%
May-14	99.7%
Apr-14	99.4%

4. CANCER INDICATORS

TWR – 14 day first appointment standard

Despite significant pressures on this standard as a result of limited endoscopy capacity (relevant to pathways where endoscopy acts a first appointment in a cancer pathway) this standard was compliant in February. It is expected the Trust will remain under significant pressure in delivering this standard as a result of current capacity issues in endoscopy.

31-day wait for second or subsequent treatment – Surgery

For the second successive month, this standard has been missed as the result of one breach (against a total of ten treatments). This breach was seen in the Urology specialty and is as a result of ongoing capacity restrictions in this service.

62-day wait for first treatment

February saw a welcome reduction in breach numbers (9.5, reduced from 12.5 in January), however a low number of total treatments in February has led to broadly the same level of performance against this standard.

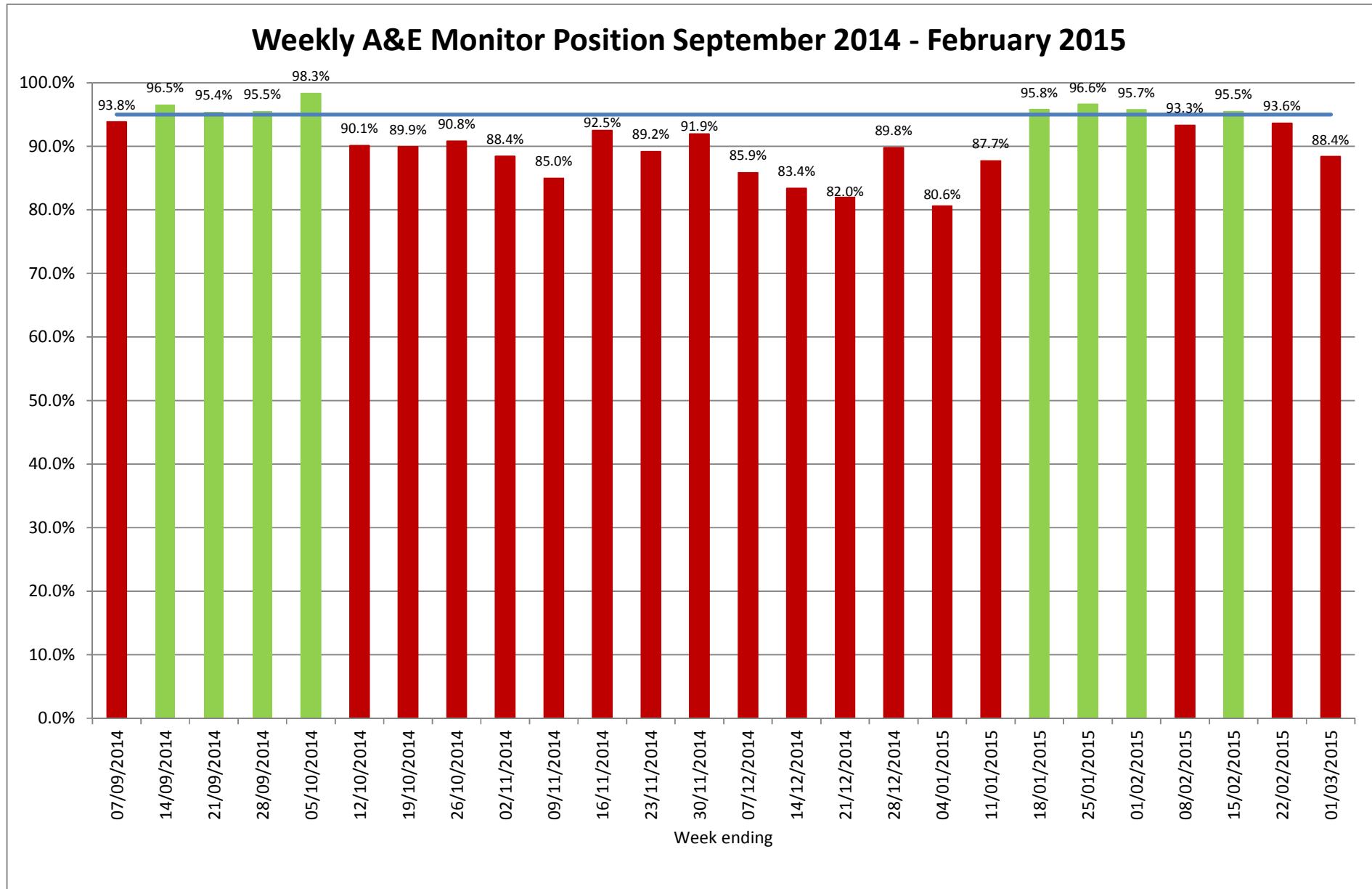
5. ACTION REQUIRED

Trust Board is asked to note performance against targets associated with the Monitor Risk Assessment Framework in February 2015.

Appendices:

Appendix A - A&E Performance

APPENDIX A – Weekly A&E Performance



Trust Operational Performance Report		2014/15												YTD	14/15	Var	Trend
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	14/15	Plan			
Cancer indicators and																	
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98%	2.0%		
	Surgery	100.0%	100.0%	100.0%	100.0%	92.9%	88.9%	100.0%	100.0%	100.0%	100.0%	93.3%	90.9%	96.9%	94%	2.9%	
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral	100.0%	75.0%	85.7%	100.0%	100.0%	91.7%	100.0%	100.0%	100.0%	-	-	96.0%	90%	6.0%		
	Urgent GP Referral To Treatment	74.7%	83.1%	87.8%	66.7%	82.8%	68.3%	78.1%	81.9%	91.4%	78.4%	76.3%	78.9%	85%	-6.1%		
31-Day Wait For First Treatment	All Cancers	100.0%	100.0%	100.0%	98.9%	98.8%	97.4%	98.1%	100.0%	96.0%	98.9%	100.0%	98.8%	96%	2.8%		
Two week wait from referral to date first seen	All Cancers	94.2%	93.4%	92.9%	94.1%	92.9%	93.1%	92.3%	95.1%	94.1%	88.4%	94.1%	93.2%	93%	0.2%		
	For symptomatic breast patients	94.1%	93.0%	93.0%	93.4%	87.0%	92.2%	95.2%	96.7%	98.5%	93.0%	95.4%	93.9%	93%	0.9%		
Quality & Safety																	
Friends and Family Test	Inpatients (Test Score)	71.8	71.3	79.4	80.7	76.1	70.6	72.3	79.2	74.6	75.5	77.0	75.1	73	2.9%		
	Inpatient (Response Rate)	29.00%	42.59%	43.46%	31.51%	35.45%	37.62%	41.22%	26.04%	43.97%	42.00%	32.21%	36.84%	15%	145.6%		
	A&E (Test Score)	50.1	43.7	48.1	38.4	47.0	52.3	53.0	41.6	48.6	59.6	53.8	48.4	55	-12.0%		
	A&E (Response Rate)	17.67%	15.17%	16.61%	17.67%	18.41%	13.79%	15.78%	16.03%	14.49%	15.28%	21.03%	16.50%	15%	10.0%		
	Maternity Overall (test Score)	73.2	80.0	82.7	81.9	74.3	79.9	78.6	73.9	82.3	81.6	86.1	78.7	73.0	7.8%		
	Maternity Overall (Response rate)	12.07%	14.31%	15.88%	12.74%	17.87%	10.69%	14.30%	9.82%	9.77%	16.25%	3.11%	12.53%	8%	56.6%		
Breach of Same Sex Accommodation		0	0	0	4	3	0	9	0	24	0	0	40	0	0		
VTE Risk Assessment		98.22%	98.25%	98.27%	98.47%	97.02%	97.54%	97.50%	98.18%	97.88%	97.04%	96.68%	96.26%	97.0%	-0.74%		
Smoking During Pregnancy		5.16%	7.50%	6.77%	6.32%	6.05%	5.72%	5.07%	7.14%	7.21%	7.43%	4.78%	6.3%	8.2%	-1.9%		
Breastfeeding Initiation		88.0%	85.2%	83.6%	88.5%	85.8%	85.5%	85.3%	85.0%	84.7%	83.5%	86.5%	85.6%	80.0%	5.6%		
Activity																	
Daycase Rate		84.2%	83.4%	83.6%	83.3%	82.7%	81.4%	81.5%	81.3%	84.3%	84.7%	82.2%	82.7%	84.0%	-4.0		
GP Written Referrals to Hospital		8,465	8,810	9,261	9,752	7,977	8,992	9,327	8,311	8,275	8,417	9,019	96,606	-	-		
Other Referrals For a First Outpatient Appointment		5,568	5,525	6,199	6,022	4,802	5,411	5,469	5,046	5,059	5,180	4,708	58,989	-	-		